

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2011
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/07/2011 | |
| NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00092920.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure Survey completed on April 29, 2011.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00090093 and IN00090287 completed on May 13, 2011.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00090903 completed on June 7, 2011.</p> <p>Complaint IN00092920 - Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Survey dates: July 5, 6, 7, 2011</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Donna Groan RN, TC Avona Connell RN [July 6, 7, 2011] Gloria Reisert MSW Dorothy Navetta RN</p> <p>SNF: 9 SNF/NF: 59 Total: 68</p> <p>Census payor type: Medicare: 12 Medicaid: 49</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | <p>Continued From page 1</p> <p>Other: 7 Total: 68</p> <p>Sample: 3</p> <p>Clark Rehabilitation and Skilled Nursing was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00092920.</p> <p>Quality review completed 7/12/11 Cathy Emswiller RN</p> | | | F 000 | | | |